

The purpose of the Quick Reference Guide for VFC and State Enrollment is to provide the Electronic Signature Authority with step-by-step instructions for the enrollment process. If questions or concerns should arise during the enrollment process, contact the help desk at 866-439-4082 (select option 2, Immunization Registry).



The Electronic Signature Authority is the facility's medical director or equivalent. In South Carolina, the medical director or equivalent may be:

- Doctor of Medicine (MD)
- Doctor of Osteopathy (DO)
- Advanced Practice Registered Nurse (APRN)
- Registered Pharmacist (RPh).

Registered Pharmacist can enroll independently, only if they are a specialty provider for influenza vaccine. Otherwise, Doctor of Medicine (MD) or Doctor of Osteopathy (DO) must co-sign the Vaccines for Children Program Provider Agreement, DHEC 1144.



The Electronic Signature Authority must have a SCI PAS account to proceed. If the Electronic Signature Authority does not have a SCI PAS account, please select and print the Quick Reference Guide for Establishing a New Account on the SCI PAS home page (<https://www.scdhec.gov/scipas>) and follow the step-by-step instructions to establish a new account.

Logging into SCI PAS

To begin the VFC enrollment process with an existing SCI PAS account, Electronic Signature Authority should go to:

<https://www.scdhec.gov/scipas>

Electronic Signature Authority should enter Username and Password. Click **LOGIN**.

If Electronic Signature Authority does not remember Username and Password, please contact the Help Desk at 866-439-4082 (select option 2, Immunization Registry) for assistance.

Navigating to Federal VFC Enrollment Status Tab

Electronic Signature Authority should navigate to the Federal VFC Enrollment Status Tab. Click on **ACCOUNT** tab.

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Click **Federal VFC Enrollment Status** tab.

Click **Federal VFC Enrollment Status** tab.

If **Federal VFC Enrollment Status** tab is not revealed, select **VFC** from the dropdown. Then, click **GO**.

Federal VFC Provider Agreement, Form DHEC 1144

ENROLLMENT STEP 1:

Click on **FORM DHEC 1144** to complete the Federal VFC Provider Agreement. This is a legal document. The Electronic Signature Authority must complete the form.

The Electronic Signature Authority must read the Federal VFC Provider Agreement, DHEC 1144.

The Electronic Signature Authority must complete all required elements of the Federal VFC Provider Agreement.

The Electronic Signature Authority must indicate agreement by checking each "Agree" box.

D H E C **SCi PAS** South Carolina Immunization
Provider Access System

HOME NEWS ACCOUNT VACCINE REGISTRY ADMIN REPORTS LOGOUT

Help
Logged in as John Test
(john.test@testhealthcare.com)
Current PIN: 10000105

[Print Preview \(hit your Browser's "print" key to print\)](#)

VFC Provider Facility Information:

* Federal Employer Identification Number (FEI): 12-3456789

* Facility/Provider Name: Test Healthcare

* Address: 99 Test Drive

* City: Columbia

* County: Richland

* State: South Carolina

* Zip: 29201

* Telephone: (803) 898-5555

Telephone Ext:

* Fax:

Shipping Address: (if different than facility address)

* Address:

* City:

County: Select One

* State: South Carolina

* Zip:

The Electronic Signature Authority should indicate a telephone extension, if applicable, and fax number.

If the Shipping Address is the same as the physical address, click **Copy Facility Address**. If not, enter the shipping address.

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VFC VACCINE COORDINATOR:

Primary Coordinator

* Name:

* Title: Select an Option

* Telephone:

Telephone Ext:

* Email:

* Completed annual training: ☐ Yes ☒ No

* Type of training received: Select One...

Backup Coordinator

* Name:

* Title: Select an Option

* Telephone:

Telephone Ext:

* Email:

* Completed annual training: ☐ Yes ☒ No

* Type of training received: Select One...

The Electronic Signature Authority should indicate the VFC Vaccine Primary Coordinator information.

All facilities must have a VFC Vaccine Backup Coordinator in addition to the Primary Coordinator.

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PROVIDERS PRACTICING AT THIS FACILITY:

The official VFC registered health care provider signing the agreement must be a practitioner authorized to administer pediatric vaccines under state law who will also be held accountable for compliance by the entire organization and its VFC providers with the responsible conditions outlined in the provider enrollment agreement. The individual listed here must sign the provider agreement.

Medical Director Or Equivalent

Name	Title	Medical License No.	Medicaid or NPI No.	Specialty (i.e. Peds, Family Med, GP, OB/GYN)	E-Mail Address (Required)
* John Test	* Doctor of Me...	*		* Select an Option	* john.test@test x

* Are you a pharmacist offering vaccines other than influenza? ☐ Yes ☒ No

The Electronic Signature Authority (Medical Director or Equivalent) must enter Title, Medical License No., Medicaid or NPI No. (if applicable) and select Specialty.

If the Electronic Signature Authority (Medical Director or Equivalent) is a pharmacist and wants to offer vaccines other than influenza, select **YES**.

If **YES**, then a Doctor of Medicine (MD) or Doctor of Osteopathy (DO) must co-sign the Vaccines for Children Program Provider Agreement, DHEC 1144. Complete this section.

If **NO**, continue to section listing all licensed health care providers.

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* Are you a pharmacist offering vaccines other than influenza? ☒ Yes ☐ No

Provide Information for second individual as needed:

Name	Title	Medical License No.	Medicaid or NPI No.	Specialty (i.e. Peds, Family Med, GP, OB/GYN)	E-Mail Address (Required)
*	* Select an Opt...	*		* Select an Option	*

Enter all licensed health care providers including Title, Medical License No., Medicaid or NPI No. (if applicable), Specialty and Email Address.

Use the **+** and **-** buttons to add and delete rows.

The screenshot shows the 'Print Preview' screen of the SCI PAS system. At the top, there's a header with the DHEC logo and navigation links: HOME, NEWS, ACCOUNT, VACCINE, REGISTRY, ADMIN, REPORTS, and LOGOUT. A user is logged in as 'John Test' with email 'john.test@testhealthcare.com' and PIN '156486'. The main content area has a heading 'Print Preview (hit your Browser's "print" key to print)' and a prompt: 'Please list below all licensed health care providers (MD, DO, NP, PA, pharmacist) at your facility who have prescribing authority.' Below this is a table with columns: Name, Title (i.e. MD, DO, APRN, PA), Medical License No., Medicaid or NPI No., Specialty (i.e. Peds, Family Med, GP, OB/GYN), and E-Mail Address. The first row is pre-filled with 'John Test', 'Doctor of Me...', an empty license number, an empty Medicaid/NPI number, 'Select an Option', and 'john.test@testhe...'. There are '+' and '-' buttons at the end of each row to add or delete entries.

The screenshot shows the 'Print Preview' screen for the Electronic Signature Authority form. The header is identical to the previous screenshot. The main content area has a heading 'Print Preview (hit your Browser's "print" key to print)' and a paragraph: 'I understand and agree that submission of my electronic signature authority (ESA's email address) in the South Carolina Immunization Provider Access System (SCI PAS) that I certify on behalf of myself and all immunization providers in this facility, I have read and agree to the Vaccines For Children enrollment requirements listed above and understand I am accountable (and each listed provider is individually accountable) for compliance with these requirements.' Below this are four required fields: 'Enter Email Address of the Medical Director or Equivalent:', 'Type Name of Medical Director or Equivalent who signed this form:', 'Enter Email Address of the Doctor of Medicine or Doctor of Osteopathy:', and 'Type Name of the Doctor of Medicine or Doctor of Osteopathy who signed this form:'. Each field has a text input box. At the bottom, there is a 'Submit' button. A red message states: 'The submit button will not be enabled until the entire form is completed. DHEC will not review forms until they have been submitted. Go to first incomplete entry.' Below this, a note says: 'Please be sure to fully complete and exit any entry boxes, check boxes, etc. to enable the Submit button.'

The Electronic Signature Authority (Medical Director or Equivalent) must enter his/her email address as his/her electronic signature. The email must match the email address associated with account creation.

Second signature will be only required if pharmacist is offering vaccines other than influenza. This must be an MD or DO.

All required fields must be completed.

If SUBMIT is inactive, the Electronic Signature Authority will need to review the form for omitted required fields.

Once all fields have been completed, the **SUBMIT** button will activate. However, if a printed copy is desired, click on **Print Preview (hit your Browser's "print" key to print)**.

After printing a copy of the completed form, click **SUBMIT**.

Federal VFC Provider Profile, DHEC 1145

ENROLLMENT STEP 2:

Click on **FORM DHEC 1145** to complete the Federal VFC Provider Profile.

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Provider Access System

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Vaccines for Children (VFC) Program
Provider Profile Form

All health care providers in the Vaccine For Children (VFC) program must complete this form annually or more frequently if the number of children served changes or the status changes during the calendar year.

All items marked by an asterisk (*) on this form are required. You may close this form and return at any time, your data is automatically saved.

* Required ☐ Incomplete

VFC Provider Facility Information:

Provider's Identification Number (PIN): 156486

* Name:

* Address:

* City:

* State:

* Zip:

* Telephone:

Telephone Ext:

* E-Mail Address:

* Type of Facility

Select One...

(Private) Private Hospital
(Private) Private Practice (solo/group/HMO)
(Private) Private Practice (solo/groups as agent for FQHC/RHC-deputized)
(Private) Community Health Center
(Private) Pharmacy
(Private) Birthing Hospital

Vaccines Offered:

* ☐ All ACIP Recommended

A "Specialty Provider" is defined as a provider that only serves (1) a defined population due to the practice specialty (e.g., OB/GYN/STD clinic; family planning) or (2) a specific age group within the general population of children ages 0-18. Local health departments and pediatricians are not considered specialty providers. The VFC Program has the authority to designate VFC providers as specialty providers. At the discretion of the VFC Program, enrolled providers such as pharmacies and mass vaccinators may offer only influenza vaccine.

Select Vaccines Offered by

☐ DTaP ☐ Polio

Most information is pre-populated. Please complete field as applicable.

Select **Type of Facility**.

Health departments and pediatricians must select **All ACIP Recommended Vaccines**.

Specialty providers who serve a defined population due to the practice specialty or a specific age group within the general population of children ages 0-18 may select **Offers Select Vaccines** and indicate vaccines to be offered.

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Vaccines Offered:

* ☐ All ACIP Recommended Vaccine ☒ Offers Select Vaccines

A "Specialty Provider" is defined as a provider that only serves (1) a defined population due to the practice specialty (e.g., OB/GYN/STD clinic; family planning) or (2) a specific age group within the general population of children ages 0-18. Local health departments and pediatricians are not considered specialty providers. The VFC Program has the authority to designate VFC providers as specialty providers. At the discretion of the VFC Program, enrolled providers such as pharmacies and mass vaccinators may offer only influenza vaccine.

Select Vaccines Offered by Specialty Provider:

<input type="checkbox"/> DTaP	<input type="checkbox"/> Influenza	<input type="checkbox"/> Polio
<input type="checkbox"/> Hepatitis A	<input type="checkbox"/> Meningococcal Conjugate	<input type="checkbox"/> Rotavirus
<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> MMR	<input type="checkbox"/> TD
<input type="checkbox"/> Hib	<input type="checkbox"/> Pneumococcal Conjugate	<input type="checkbox"/> Tdap
<input type="checkbox"/> HPV	<input type="checkbox"/> Pneumococcal Polysaccharide	<input type="checkbox"/> Varicella

Other, specify:

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Delivery Days And Times
Use 24-hour format (Military Time)
i.e. 9am equals 09:00 or 2pm equals 14:00
Enter 00:00 for no delivery

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<input checked="" type="checkbox"/> No Delivery on this day	00:00 to 00:00	00:00 to 00:00	00:00 to 00:00	00:00 to 00:00	00:00 to 00:00	00:00 to 00:00	00:00 to 00:00
<input checked="" type="checkbox"/> No Delivery on this day	00:00 to 00:00	00:00 to 00:00	00:00 to 00:00	00:00 to 00:00	00:00 to 00:00	00:00 to 00:00	00:00 to 00:00
<input checked="" type="checkbox"/> No Delivery on this day	00:00 to 00:00	00:00 to 00:00	00:00 to 00:00	00:00 to 00:00	00:00 to 00:00	00:00 to 00:00	00:00 to 00:00
<input checked="" type="checkbox"/> No Delivery on this day	00:00 to 00:00	00:00 to 00:00	00:00 to 00:00	00:00 to 00:00	00:00 to 00:00	00:00 to 00:00	00:00 to 00:00
<input checked="" type="checkbox"/> No Delivery on this day	00:00 to 00:00	00:00 to 00:00	00:00 to 00:00	00:00 to 00:00	00:00 to 00:00	00:00 to 00:00	00:00 to 00:00
<input checked="" type="checkbox"/> No Delivery on this day	00:00 to 00:00	00:00 to 00:00	00:00 to 00:00	00:00 to 00:00	00:00 to 00:00	00:00 to 00:00	00:00 to 00:00
<input checked="" type="checkbox"/> No Delivery on this day	00:00 to 00:00	00:00 to 00:00	00:00 to 00:00	00:00 to 00:00	00:00 to 00:00	00:00 to 00:00	00:00 to 00:00

Special Delivery Instructions

Enter all days and times vaccine may be received.

Time must be entered in 24 hour format (military time).
Examples: 1:30 pm is 13:30,
4 pm is 16:00.

No delivery on this day must be unchecked to enter times for morning and afternoon.

Enter 00:00 for no delivery time. Fields may not be blank.

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PROVIDER POPULATION:

Provider Population based on patients seen during the previous 12 months. Report the number of children who received vaccinations at your facility, by age group. Only count a child once based on the status at the last immunization visit, regardless of the number of visits made. The following table documents how many children received VFC vaccine, by category, and how many received non-VFC vaccine.

VFC Vaccine Eligibility Categories	<1 Year	1-6 Years	7-18 Years	Total
Enrolled in Medicaid	0	0	0	0
No health insurance	0	0	0	0
American Indian/Alaska Native	0	0	0	0
Underinsured in FQHC/RHC or Deputized Facility ¹	0	0	0	0
Total VFC:	0	0	0	0

Non-VFC Vaccine Eligibility Categories	<1 Year	1-6 Years	7-18 Years	Total
Insured (private pay/health insurance covers vaccines)	0	0	0	0
Other Underinsured ² (SC State Program, Non-FQHC, and Non-RHC)	0	0	0	0
SC State Insured ³ (Insured hardship and Vaccine Caps)	0	0	0	0
Total Non-VFC:	0	0	0	0
Total Patients (must equal sum of Total VFC + Total Non-VFC)	0	0	0	0

¹Underinsured includes children with health insurance that does not include vaccines or only covers specific vaccine types. Children are only eligible for vaccines that are not covered by insurance. In addition, to receive VFC vaccine, underinsured children must be vaccinated through a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC) or under an approved deputized provider. The deputized provider must have a written agreement with an FQHC/RHC and the state/local/territorial immunization program in order to vaccinate these underinsured children.

²Other underinsured are children that are underinsured but are not eligible to receive federal vaccine through the VFC program because the provider or facility is not a FQHC/RHC or a deputized provider. However, these children may be served if vaccines are provided by the state program to cover these non-VFC eligible children. Only providers enrolled in the SC State Vaccine Program are eligible to serve this population. You must have stock the SC State Vaccine program vaccine prior to seeing this patient.

³SC State Vaccine Program - Insured Hardship and Vaccine Caps: These children are considered insured and are not eligible for vaccines through the VFC program. However, these children may be served state vaccine program vaccine to cover these non-VFC eligible children. Insured Hardship is defined as "Health insurance deductible is greater than \$250.00 per child or \$500.00 per family (Eligible for state vaccine only if the deductible has not been met and the family cannot afford to pay for vaccine)." Vaccine Caps is defined as "Insured but coverage capped at certain amount and can have been exceeded." The Human

Completion of the Provider Population section is the next section. Re-enrolling provider's information must be based on **actual data** and not estimations. New VFC providers must use benchmarking as the type of data to determine eligibility.

Benchmarking defined as a point of reference from which measurements may be made. Sources of benchmarking data may come from US Census Bureau or the provider's business plan.

Provider Population for the previous 12 months must be reported for the number of children who receive vaccinations at your facility by age group by eligibility category.

A number must be entered in each field. Enter "0" as appropriate.

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PROVIDER POPULATION:

Provider Population based on patients seen during the previous 12 months. Report the number of children who received vaccinations at your facility, by age group. Only count a child once based on the status at the last immunization visit, regardless of the number of visits made. The following table documents how many children received VFC vaccine, by category, and how many received non-VFC vaccine.

VFC Vaccine Eligibility Categories	<1 Year	1-6 Years	7-18 Years	Total
Enrolled in Medicaid	<input type="text"/>	<input type="text"/>	<input type="text"/>	0
No health insurance	<input type="text"/>	<input type="text"/>	<input type="text"/>	0
American Indian/Alaska Native	<input type="text"/>	<input type="text"/>	<input type="text"/>	0
Underinsured in FQHC/RHC or Deputized Facility ¹	<input type="text"/>	<input type="text"/>	<input type="text"/>	0
Total VFC:	0	0	0	0

Immunization Registry users who manually enter data on administered vaccines and the patient's vaccine eligibility may obtain data for the most recent twelve (12) month period of use via the **REPORTS** tab.

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Reports Report Result

Please select a Report and enter the Date Range below and click the "Run Report"

☒ **Annual Registry Data**
☐ 3 Year Provider Profile Report (DHEC 1145)

Report Parameters
 Report Start Date
 Report End Date

Run Report

Click on the button for **Annual Registry Data**.

The most recent, consecutive 12 month period will automatically populate in the Report Start and Stop Date fields. Click **Run Report**.

Once report is generated, click on **PRINT (open in new window)**.

NOTE: The 3 Year Provider Profile Report (DHEC 1145) may also be selected to retrieve the last 3 years of profile data entered by the provider.



Unfortunately, South Carolina Immunization Registry users who submit data via HL7 will not be able to use this report to assist in the completion of the Provider Profile since electronic health records (EHR) document eligibility at the patient level. VFC requires eligibility at the vaccine level.

Enter **Type of Data Used to Determine Provider Population** (choose all that apply).

ESA must enter his/her individual Email address as signature and enter name.

If the ESA does not complete the entire form, the message **“This submit button will not be enabled until the entire form is completed”** will be displayed. The ESA may click on **“Go to first incomplete entry”** to finish completing the form.

After completing the entire form, the user will see the message **“The entire form is completed”**. The **SUBMIT** button will activate. However, if a printed copy is desired, click on **Print Preview (hit your Browser’s “print” key to print)**. Then, click the **Submit** button.

Vaccine Management and Disaster Recovery Plan, DHEC 1225

ENROLLMENT STEP 3:

Click on **FORM DHEC 1225** to complete the Vaccine Management and Disaster Recovery Plan.

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VFC Provider Vaccine Management and Disaster Recovery Plan

This document provides a template for development of a comprehensive vaccine management plan for protection and maintenance of your practice's vaccine supply. The Vaccine Management and Disaster Recovery Plan consists of two sections: (1) the Routine Storage and Handling Plan, which covers all aspects of routine vaccine management and (2) the Disaster Recovery Plan, which is used in the event of an emergency situation that may affect the storage and potential viability of your vaccines.

The completed Vaccine Management and Disaster Recovery Plan (VMDR) must be posted on or near the vaccine storage equipment. Ensure that all staff (current and new), including those persons who may be required to transport vaccine in an emergency situation, read the plan and understand it. Also, ensure that janitorial and security staff are aware of the plan and know the procedures to follow for notifying designated personnel about any problems with the vaccine storage equipment.

One staff member must be designated as the primary vaccine coordinator, providing oversight for all vaccine management within the office. At least one back-up vaccine coordinator should be trained to perform the same responsibilities as the primary vaccine coordinator in the event that the primary person is unavailable.

The entire plan must be reviewed, updated and signed annually to ensure all information in this plan is up to date and accurate. Review and update the contact lists as needed. Please indicate below the date the entire plan was reviewed and updated as well as the name, title and signature of the reviewer:


* Required ☐ Incomplete

Practice Name: Test Healthcare

Provider PIN: 156486

Date Reviewed/Updated	Reviewed By	Title
* <input type="text"/>	* <input type="text"/>	* <input type="text"/>

All staff reviewing upon completion of the plan should be listed.

Press  to add a reviewer row.

Press  to delete a reviewer row.

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Contact Numbers

1. Contact information for Vaccine Coordinator:

Primary:

* Name

* Title

* Work Phone

Work Phone Ext

* Home Phone

Back-Up:

* Name

* Title

* Work Phone

Work Phone Ext

* Home Phone

2. Contact Information for Health Department:

Resource	Name of Employee	Work Phone	Other
SC DHEC (Central Office/Columbia):		803-898-0460	800-277-4687
SC DHEC (Regional Immunization Program Manager):	Jan Blackwell, RN	803-286-9948	803-320-2467

Complete the contact information for the primary and back-up vaccine coordinators.

The contact information for DHEC will automatically populate based upon the county in which the practice is located.

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3. Points of contact for restoring electrical power in the event of a power failure:

Electrical Power Company	Point of Contact	Work Phone	Ext.	Emer. Phone	Ext.
* <input type="text"/>	* <input type="text"/>	* <input type="text"/>	<input type="text"/>	* <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Building Maintenance

Point of Contact	Work Phone	Ext.	Emer. Phone	Ext.
* <input type="text"/>	* <input type="text"/>	* <input type="text"/>	* <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

4. Designated company responsible for repair when the compressor or other refrigeration equipment has been destroyed or you need emergency maintenance:

Name of Repair Company	Point of Contact	Work Phone	Ext.	Emer. Phone	Ext.
* <input type="text"/>	* <input type="text"/>	* <input type="text"/>	<input type="text"/>	* <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Continue to complete the sections for:

- Contacts for restoring electrical power in the event of a power failure
- Contacts for refrigeration repair and emergency maintenance.

Note: A second group of entry fields is available if needed but an entry is not required.

Person completing the form must click each **Agree** ☐.

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Part A: Routine Storage and Handling

I. Vaccine Storage:

* **Agree** ☒

A. Types of Vaccine Storage Units
Dormitory-style refrigerator units are never acceptable for storage of any VFC vaccine due to inability to reliably maintain temperatures needed to store vaccine within required temperature ranges.

Sites should consider moving away from combination refrigerator and freezer vaccine storage units to store frozen vaccines as they do not maintain frozen vaccine storage temperatures. If a combination storage unit is used, only the refrigerated portion of a combination refrigerator and freezer storage unit is recommended to be used. For recommended vaccine storage units, please review the CDC Recommended vaccine storage units section below and reference the [Vaccine Storage & Handling Toolkit](#) provided by CDC.

1. Vaccine Storage Units must meet the following requirements:

- Have a separate freezer compartment with separate exterior door or stand alone refrigerator and freezer;
- Have enough room to store the year's largest inventory without crowding (this includes flu season and back to school times);
- Have enough room to store water bottles (in the refrigerator) and frozen coolant packs (in the freezer) to stabilize the temperatures and minimize temperature excursions that can impact vaccine potency. The addition of water bottles in the refrigerator (not coolant packs) reduces the risk of freezing due to the tremendous latent heat released from water prior to freezing;
- Have a calibrated thermometer inside each storage unit;
- Reliably maintain the appropriate vaccine storage temperatures year-round;
- Be dedicated to the storage of vaccines. Food and beverages must NOT be stored in a vaccine storage unit because this practice results in frequent opening of the door and destabilization of the temperature.

2. CDC recommended vaccine storage units:

- CDC recommends Stand-alone units for vaccine storage. Stand-alone units are self-contained units that only refrigerate or freeze. These units can vary in size, from compact, under-the-counter style to large, stand-alone, pharmaceutical grade units.
- A separate stand-alone refrigerator should be used for refrigerated vaccines that require storage temperatures between 35°F and 46°F (2°C and 8°C).
- A separate stand-alone freezer should be used to store frozen vaccines that require storage temperatures between -58°F and +5°F (-50°C and -15°C). A storage unit that is frost-free or has an automatic defrost cycle is preferred.

B. Types of Thermometers
In 2015, VFC Providers must have at least one back up thermometer with a current certificate of calibration on hand (the thermometer is not stored in a unit but is a back up thermometer).

1. Thermometers must meet the following requirements:

- Providers are required to have calibrated thermometers in all refrigerator and freezer compartments used for vaccine storage in order to monitor temperatures;
- The documentation of a Certificate of Traceability and Calibration Testing (also known as Report of Calibration) must be provided for each thermometer used to monitor VFC vaccine;
- A copy of the thermometer certificate must be maintained at the provider office as well as provided to the Division of Immunization for each thermometer used in all refrigerator and freezer compartments;
- Thermometer calibration must be tested annually, or according to manufacturer recommendations, by a laboratory with accreditation from International Laboratory Accreditation Cooperation Mutual Recognition Arrangement (ILAC MRA) signatory body. Laboratories that have attained this accreditation meet the requirements for traceability;
- The thermometers are to be placed in the center of each vaccine storage unit;
- A supply of extra batteries is maintained for thermometers, if applicable.

2. CDC recommended thermometer characteristics:

- Provide continuous monitoring information with an active, digital display of the internal storage unit temperature;
- Digital thermometer with a probe in a glycol-filled bottle;
- Include an alarm for out-of-range temperatures;
- Have a reset button if using a data logger with a min/max display;
- Capable of showing current temperature as well as minimum and maximum temperatures;
- Within +/- 5°C accuracy (+/- 1°F);
- Have a low battery indicator.

D H E C **SCiPAS** South Carolina Immunization
Provider Access System

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Copies of all certificates of calibration for thermometers used to monitor VFC/State vaccine, must be provided to the Federal VFC Program at SCVFC@dhec.sc.gov or faxed if necessary to 803-898-0326

Indicate the following for thermometers at your site:

Date the thermometer certification expires:	Stored In Refrigerator or Freezer?	Date the thermometer was initially placed in the unit:	Location/Description/Manufacturer
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

* The location that diluent is stored:

When completing the calibrated thermometer section:

Press  to add a row.
Press  to delete a row.

Enter the storage location for diluent.

Person completing the form must click each Agree ☐.

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II. Handling:

* Agree ☐

A. The vaccine in this practice is handled according to the following:

1. Private stock, VFC, and State Vaccine Program vaccines are labeled and stored separately.
2. Vaccines that will expire first are stored in the front of the unit.
3. Vaccines are inventoried monthly.
4. A 6 week supply is maintained.
5. SC DHEC Division of Immunization will be notified 3 months before a vaccine will expire if vaccine will not be used by the expiration date. Providers should use all vaccine that is ordered for their site before expiration.

III. Ordering and Receiving:

* Agree ☐

A. The vaccine in this practice will be ordered and received according to the following:

1. Inventory will be taken monthly to determine what vaccines are needed in order to maintain a 6 week supply.
2. VFC vaccine will be ordered on the Federal Vaccines For Children (VFC) Order form (DHEC 1117). State vaccine will be ordered on the State Childhood Vaccine Program Order Form (DHEC 0713). These forms will be completed and faxed to SC DHEC Division of Immunization at 803-898-0318 in order to request vaccine. Providers enrolled in the State Vaccine Program must submit order forms for both the VFC Program and the State Vaccine Program with completed inventories for both programs for every vaccine order.
3. If a provider wishes to switch from one brand of vaccine to another (example from ActHib® to Pedvax Hib®), they must submit the request in writing. A signed statement on the letterhead of the facility indicating which brand of vaccine the site would like to begin ordering should be submitted along with their order with the request of the new brand(s). The site is expected to deplete the old brand of vaccine before using the new brand.
4. Alert reception staff to be ready to receive vaccine shipment on arrival.
5. Arrange for vaccine deliveries to be made only when the primary vaccine coordinator or back up vaccine coordinator is on duty. This can be completed by adjusting the days/times your site receives vaccine shipments. Consider holidays, vacations, staff schedules, and changes in hours of operation when designating vaccine delivery date and time.
6. All staff members (including non-medical staff, e.g., receptionists and other front desk personnel) who accept vaccine deliveries must be aware of the importance of maintaining the vaccine cold chain and the need to immediately notify the primary vaccine coordinator or back up vaccine coordinator of the arrival of the vaccine shipment so that it can be handled and stored appropriately.
7. Once delivery has arrived, the primary vaccine coordinator, back up vaccine coordinator, or designated backup person will be notified immediately.

The provider will indicate the Disaster Recovery Plan for the practice. The plan should outline the steps staff should follow in the event of a disaster.

A response of "Yes" or "No" is not an acceptable response.

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II. Content

A. The Disaster Recovery Plan for this practice contains the following:

- * 1. Name of person(s) responsible for preparing and transporting vaccine in the event of an emergency, including contact information:
- * 2. Location that will receive the vaccine:
- * 3. The receiving location will be notified of transport:
- * 4. Sources for packing materials and calibrated thermometers:
- * 5. How to pack vaccine for transport:
- * 6. How to document the steps taken when vaccine is involved in a power or equipment failure:

D H E C **SCiPAS** South Carolina Immunization
Provider Access System

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IV. Vaccine Storage Facilities:

A. Entering vaccine storage facilities: Describe how to enter the building and vaccine storage spaces in an emergency if practice is closed or after hours. Include a floor diagram and locations of the following.

Unit #	Location and Description	Type (Stand-Alone, Combined)	Make (GE, Sub-zero, Amana, etc.)	Contains Varicella?	Active/Inactive (Currently Used)?
* 1	* Lab	* Stand Alone Refrige...	* Maytag	* No	* Active
* 2	* Lab	* Stand Alone Freezer	* Maytag	* Yes	* Active

Item	Location(s)
* Doors	
* Flashlights	
* Spare Batteries	
* Light Switches	
* Keys	
* Locks	
* Alarms	
* Circuit Breakers	
* Packing Materials	

* Has your floor diagram at your provider office changed since the previous year's VFC re-enrollment? ☐ Yes ☐ No

If you answered yes, then a current floor diagram must be provided to the Federal VFC Program at SCVFC@dhec.sc.gov or faxed if necessary to 803-898-0326.

The provider will indicate all vaccine storage units located in the practice.

The provider will respond as based on the practice's current floor diagram.

A response of "Yes" or "No" is not an acceptable response.

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Before moving your vaccine, call the alternative storage facility location to ensure their back-up generator is operational, if necessary.

Alternate Facility	Point of Contact	Work Phone	Ext.	Emergency Phone	Ext.
*	*	*		*	

Enter Alternate Facility information.

Note: Additional entry fields are available if needed but more than one entry is not required.

The screenshot shows the SCI PAS login page. At the top, there is a header with the DHEC logo and the SCI PAS title. Below the header is a navigation bar with links: HOME, NEWS, ACCOUNT, VACCINE, REGISTRY, ADMIN, REPORTS, and LOGOUT. The main content area contains a login form with two input fields: "Email address of person completing form" and "Print Name of person completing this form". Below the form is a "Submit" button. A red message states: "The submit button will not be enabled until the entire form is completed. DHEC will not review forms until they have been submitted." Below this message is a link: "Go to first incomplete entry." At the bottom of the form, there is a note: "Please be sure to fully complete and exit any entry boxes, check boxes, etc. to enable the Submit button." The footer of the page includes the text "DHEC 1225 (Rev. 4/2014)" and "VFC Provider Vaccine Management".

ESA must enter his/her individual Email address as signature and enter name.

If the ESA does not complete the entire form, the message **"This submit button will not be enabled until the entire form is completed"** will be displayed. The ESA may click on **"Go to first incomplete entry"** to finish completing the form.

After completing the entire form, the user will see the message **"The entire form is completed"**. The **SUBMIT** button will activate. To print a copy of the DHEC 1225, click on **Print Preview (hit your Browser's "print" key to print)**. Then, click the **Submit** button. Place the DHEC 1225 near your vaccine storage unit.

The screenshot shows the SCI PAS Print Preview page. At the top, there is a header with the DHEC logo and the SCI PAS title. Below the header is a navigation bar with links: HOME, NEWS, ACCOUNT, VACCINE, REGISTRY, ADMIN, REPORTS, and LOGOUT. The main content area contains a form with several input fields: "Medical License No." (with the value 132132), "Medicaid or NPI No.", "Specialty (i.e. Peds, F)", "E-Mail", and "Are you a pharmacist?". A "Print Preview (hit your Browser's 'print' key to print)" link is visible at the top left. A confirmation dialog box is displayed in the center of the screen, titled "Confirm SC State Vaccine Program Enrollment". The dialog box asks: "Are you sure you wish to enroll in South Carolina State Vaccine Program?" and provides two options: "Yes, I wish to enroll in the State Vaccine Program" and "No, I do not wish to enroll in the State Vaccine Program". The footer of the page includes a disclaimer: "I understand and agree that by submitting my electronic signature (and to email address) in the South Carolina Provider Access System (SCI PAS) that I certify on behalf of myself and all immunization providers in this facility, I have read and agree to the South Carolina State Vaccine Program enrollment requirements listed above and understand I am accountable (and each listed provider individually accountable) for compliance with these requirements."

Immediately upon completion of the Federal forms, the provider will be prompted to answer if provider desires SC State Vaccine Program Enrollment.

SC State Vaccine Program Provider Agreement, DHEC 1230



Enrollment in the South Carolina State Vaccine Program is optional and in addition to enrollment in the VFC Program. Providers may not enroll solely in the State Vaccine Program. The State Vaccine Program requires documented eligibility screening and vaccine inventory. The vaccine inventory must be ordered prior to seeing this patient population.

If the user has logged out of SCI PAS, the State Vaccine Program Provider Enrollment Agreement will not automatically display.

ENROLLMENT STEP 4:

Click on **FORM DHEC 1230** to complete the SC State Vaccine Program Provider Agreement.

To enroll in the STATE Vaccine Program, the ESA will need to click each **Agree** ☐. The ESA must agree to each element of the agreement before the form can be submitted

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Provider Access System

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[Print Preview \(hit your Browser's "print" key to print\)](#) [Click here if you do not wish to enroll in the State Vaccine Program](#)

Federal Employer Identification Number (FEI): 12-3456789

Facility/Provider Name: Test Healthcare

* Address: 99 Test Drive

* City: Columbia

* State: South Carolina

* Zip: 29201

* Telephone: (803) 898-5555

* Fax: (803) 898-5645

Medical Director Or Equivalent

* Name: John Test

* Title: Doctor of Medicine

* Medical License No.: 132132

Medicaid or NPI No.:

* Specialty (i.e. Peds, Family Med, GP, OB/GYN): U.S. AIR FORCE

* E-Mail Address (Required): john.test@testhealthcare.com

* Are you a pharmacist offering vaccines other than influenza? ☐ Yes ☒ No

This information will be pre-populated. Provider will need to verify information is correct. Provider should change as necessary.

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[Print Preview \(hit your Browser's "print" key to print\)](#) [Click here if you do not wish to enroll in the State Vaccine Program](#)

I understand and agree that by submission of my electronic signature authority (ESA's email address) in the South Carolina Provider Access System (SCI PAS) that I certify on behalf of myself and all immunization providers in this facility, I have read and agree to the South Carolina State Vaccine Program enrollment requirements listed above and understand I am accountable (and each listed provider individually accountable) for compliance with these requirements.

* Enter Email Address of the Medical Director or Equivalent:

* Type Name of Medical Director or Equivalent who signed this form:

[Submit](#)

The submit button will not be enabled until the entire form is completed.
DHEC will not review forms until they have been submitted.
[Go to first incomplete entry.](#)

Please be sure to fully complete and exit any entry boxes, check boxes, etc. to enable the Submit button.

DHEC 1230 (Rev. 4/2014)
South Carolina STATE Vaccine Program

ESA must enter his/her individual Email address as signature and enter name.

If the ESA does not complete the entire form, the message **"This submit button will not be enabled until the entire form is completed"** will be displayed. The ESA may click on **"Go to first incomplete entry"** to finish completing the form.

After completing the entire form, the user will see the message **"The entire form is completed"**. The **SUBMIT** button will activate. However, if a printed copy is desired, click on **Print Preview (hit your Browser's "print" key to print)**. Then, click the **Submit** button.

Confirm SC State Vaccine Program Enrollment
Are you sure you wish to enroll in South Carolina State Vaccine Program?

Yes, I wish to enroll in the State Vaccine Program
No, I do not wish to enroll in the State Vaccine Program

Confirm SC State Vaccine Program Enrollment.

Patient Eligibility Screening Record Form, DHEC 1146/1146D

VFC Program Status
Your E.S.A. is currently enrolling in the Federal Vaccine for Children (VFC) Program.

There are 4 required electronic forms associated with this program.

- Your Federal VFC Provider Agreement is pending approval.
- Your Federal VFC Provider Profile is pending approval.
- Your VFC Vaccine Management and Disaster Recovery Plan is pending approval.
- Your E.S.A. needs to confirm reviewing the Patient Eligibility Screening Record Form.

Form DHEC 1144
Form DHEC 1145
Form DHEC 1225
Form DHEC 1146

Practices with multiple office locations must enroll each office as a separate Federal VFC Program Provider Site if that site will be offering immunization services using Federal VFC vaccine.

If you have questions regarding Federal VFC Enrollment, please contact the SC DHEC Immunization Division at 803-898-0460 or 800-277-4687.

Legend:
 ✓ = Active/Enrolled
 ⚙ = In Progress
 ⚠ = Needed
 ⓘ = Approval Pending
 ✗ = Inactive/Not Enrolled
 ✓ = Registered

ENROLLMENT STEP 5:

Click on **FORM DHEC 1146** to confirm your review of the Patient Eligibility Screening Form.

Click on **DHEC 1146** to review the form.

D H E C **SCI PAS** South Carolina Immunization
Provider Access System

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Print Preview (hit your Browser's "print" key to print)

VFC Patient Eligibility Screening Record Form

Please review the form below.

* Required ☐ Incomplete

View Document : **DHEC 1146**

* Agree ☐ I have reviewed this form and agree to use it as required by the Vaccines For Children (VFC) program.

Submit

The submit button will not be enabled until the entire form is completed.
DHEC will not review forms until they have been submitted.
[Go to first incomplete entry.](#)

Provider needs to review Patient Eligibility Screening Record Form.

Once review is completed, close window.

D H E C **SCI PAS** South Carolina Immunization
Provider Access System

Vaccines for Children (VFC) Program
Patient Eligibility Screening Record Form

A record of all children 18 years of age or younger who receive immunizations must be kept in the health care provider's office for 3 years or longer depending on state law. The record may be completed by the parent, guardian, individual of record, or by the health care provider. VFC eligibility screening and documentation of eligibility status must take place with each immunization visit to ensure the child's eligibility status has not changed. While verification of responses is not required, it is necessary to retain this or a similar record for each child receiving vaccine. Providers using a similar form (paper-based or electronic) must capture all reporting elements included in this form.

1. Child's Name: Last Name First Name MI 2. Child's Date of Birth: ____/____/____

3. Parent/Guardian/Individual of Record: Last Name First Name MI

4. Provider's Name: Last Name First Name MI

5. To determine if a child (0 through 18 years of age) is eligible to receive publicly funded vaccine through the VFC or state programs, at each immunization encounter/visit enter the date and mark the appropriate eligibility category. If Column A-D is marked, the child is eligible for the VFC program. If column E, F or G is marked the child is not eligible for federal VFC vaccine.

Date of Immunization visit	Eligible for VFC Vaccine				Not eligible for VFC Vaccine		
	A	B	C	D	E	F	G
	Medicaid Enrolled (VFC stock)	No Health Insurance (VFC stock)	American Indian or Alaska Native (VFC stock)	VFC Underinsured served by FOHC, RHC or deputized provider (VFC stock)	Has health insurance that covers vaccines (Private stock)	SC State Underinsured, Served by Non-FOHC/RHC (State stock)	SC State Insured, Insured Hardship, Vaccine Caps (State stock)

Click each **Agree** ☐.

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Print Preview (hit your Browser's "print" key to print)

VFC Patient Eligibility Screening Record Form

Please review the form below.

* Required ☐ Incomplete

View Document : DHEC 1146

* Agree ☒ I have reviewed this form and agree to use it as required by the Vaccines For Children (VFC) program.

Submit

The entire form is completed, click submit when ready.
DHEC will not review forms until they have been submitted.

Please be sure to fully complete and exit any entry boxes, check boxes, etc. to enable the Submit button.

DHEC 1146 (Rev. 4/2014)
VFC Patient Eligibility Screening Record Form

SCI PAS South Carolina Immunization Provider Access System

Logged in as John Test (john.test@testhealthcare.com) Current PIN: 156486

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SCI PAS Account Status Federal VFC Enrollment Status SC STATE Enrollment Status Registry Status HL7 Data Exchange

Your current account enrollment statuses are displayed below. Each available tab has detailed information regarding that specific status.

SCIPAS: You currently have an enabled SCIPAS account that is valid through 04/22/2019. [Change Password](#)

VFC: Your enrollment in the Federal VFC Program is pending approval. [Click here to go to the VFC tab >>](#)

SC State Vaccine: Your enrollment in the South Carolina State Vaccine Program is pending approval. [Click here to go to the STATE tab >>](#)

SCI Registry: You need to complete the Terms of Use to use the Registry. [Click here to go to the Registry Status tab >>](#)

HL7: Your enrollment as a South Carolina Immunization Provider is valid through 04/22/2019. [Click here to go to the HL7 tab >>](#)

= Active/Enrolled = In Progress = Needed = Approval Pending = Inactive/Not Enrolled = Registered

Provider has completed all enrollment forms. Enrollment is pending approval by DHEC Immunization Division.

Enrollment Status: Providers may monitor the status of the VFC and State enrollments via the Account Tab.

The Icons listed at the bottom of the screen are defined as follows:

- **Active/Enrolled:** You are enrolled and should have received an email regarding your Re-enrollment status.
- **In Progress:** A form or forms may need to be fully completed and submitted for review.
- **Needed:** No forms have been completed.
- **Approval Pending:** Forms have been submitted and are under review.
- **Inactive/Not Enrolled:** Provider status is inactive and they are not currently enrolled.
- **Registered:** Relates to the South Carolina Immunization Registry (SCI Registry).

Once the VFC enrollment is approved, the ESA will receive email communication from the DHEC Immunization Division regarding vaccine management and VFC program updates.